MTF Prescription Restriction Program

MTF Prescription Restriction program

February 2013

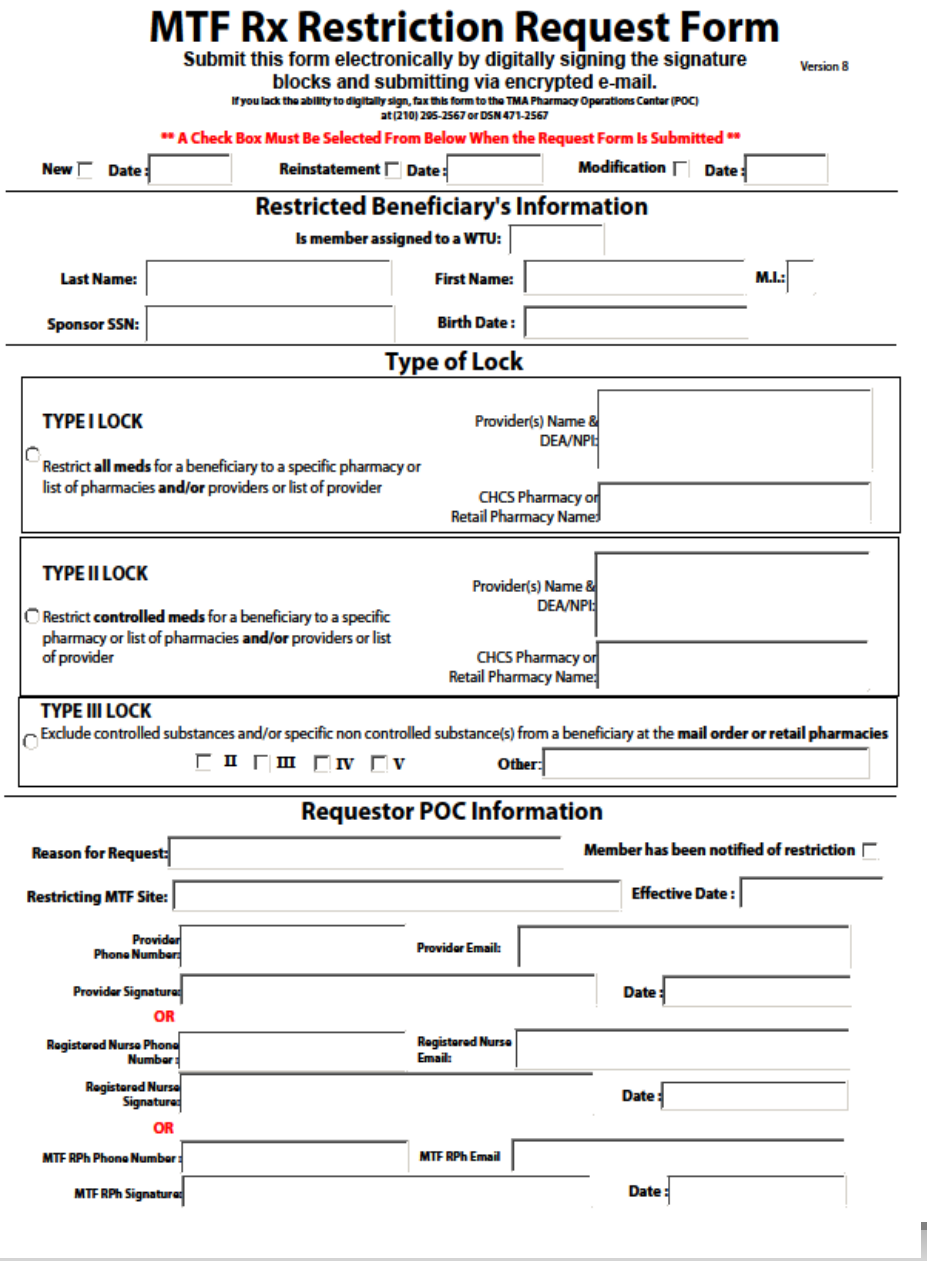
MTF Prescription Restriction Process

1. **The MTF will identify a beneficiary who may exhibit potential unsafe behavior with regard to controlled, prescribed medication.**

2. **Use Pharmacy Data Transaction Service (PDTS) to set restriction**

3. **The provider has the option to:**
   1. **Restrict ALL meds to a specific pharmacy(s) and/or provider(s)**
   2. ***Restrict CONTROLLED meds to a specific pharmacy(s) and/or provider(s)**
   3. **Exclude controlled substances or specific non-controlled substance(s) at mail order or retail pharmacy**

*** New restriction option**



MTF Rx Restriction Request Form

Submit this form electronically by digitally signing the signature blocks and submitting via encrypted e-mail.

Version 8

If you lack the ability to digitally sign, fax this form to the TMA Pharmacy Operations Center (POC) at (210) 295-2567 or DSN 471-2567

** A Check Box Must Be Selected From Below When the Request Form Is Submitted **

New ☐ Date : Reinstatement ☐ Date : Modification ☐ Date :

Restricted Beneficiary's Information

Is member assigned to a WTU:

Last Name: First Name: M.I.:

Sponsor SSN: Birth Date :

Type of Lock

TYPE I LOCK

○ Restrict **all meds** for a beneficiary to a specific pharmacy or list of pharmacies **and/or** providers or list of provider

Provider(s) Name & DEA/NPI:

CHCS Pharmacy or Retail Pharmacy Name:

TYPE II LOCK

○ Restrict **controlled meds** for a beneficiary to a specific pharmacy or list of pharmacies **and/or** providers or list of provider

Provider(s) Name & DEA/NPI:

CHCS Pharmacy or Retail Pharmacy Name:

TYPE III LOCK

○ Exclude controlled substances and/or specific non controlled substance(s) from a beneficiary at the **mail order or retail pharmacies**

☐ II ☐ III ☐ IV ☐ V Other:

Requestor POC Information

Reason for Request: Member has been notified of restriction ☐

Restricting MTF Site: Effective Date :

Provider Phone Number: Provider Email:

Provider Signature: Date :

OR

Registered Nurse Phone Number : Registered Nurse Email:

Registered Nurse Signature: Date :

OR

MTF RPh Phone Number : MTF RPh Email

MTF RPh Signature: Date :

The restriction form is available on the PEC website:
http://pec.ha.osd.mil/Pharmacy_restriction.php

MTF Rx Restriction – Removal

Submit this form electronically by digitally signing the signature block and submitting via e-mail.

If you lack the ability to digitally sign, fax this form to the TMA Pharmacy Operations Center (POC) at (210) 295-2567 or DSN 471-2567

Individual Requesting Removal

Printed Name/Title	
Signature	
E-mail	
Phone Number	
Site	
Effective Date	
Reason for Removal	

Member Information

Sponsor SSN		DOB	
Last, First M.I.			

NOTICE:

The requester acknowledges that criminal penalties under the Privacy Act (5 U.S.C. § 552a(i) (3)) or Health Insurance Portability and Accountability Act of 1996 may apply if it is determined that the requester, or any individual employed or affiliated therewith, knowingly and willfully obtained the file(s) under false pretenses. Further, the requester acknowledges that criminal penalties may be imposed under 18 U.S.C. § 641, which provides that if it is determined that the requester, or any individual employed or affiliated therewith, has taken or converted to his own use data file(s), or received the file(s) knowing that they were stolen or converted, they shall be fined under Title 18, imprisoned not more than 10 years, or both. In addition, the requester and any individual employed or affiliated therewith may be subject to civil suit under the Privacy Act for damages which occur as a result of willful or intentional actions which violate an individual's rights under the Privacy Act or Health Insurance Portability and Accountability Act of 1996.

To obtain form contact the POC at 1-866-275-4732

MTF Rx Restriction – Override Request

** Applicable to Type I / II Lock Type **

Submit this form electronically by digitally signing the signature block and submitting via e-mail.

If you lack the ability to digitally sign, fax this form to the TMA Pharmacy Operations Center (POC) at (210) 295-2567 or DSN 471-2567

Individual Requesting Override

Printed Name/Title	
Signature	
E-mail	
Phone Number	
Site	
Override Request	Start Date
	End Date
Reason for Override	

Member Information

Sponsor SSN		DOB	
Last, First M.I.			

NOTICE:

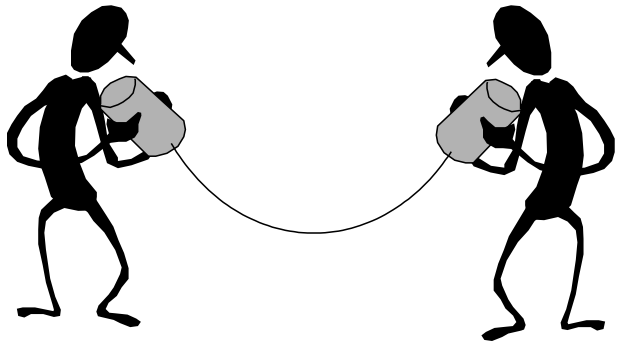
The requester acknowledges that criminal penalties under the Privacy Act (5 U.S.C. § 552a(i) (3)) or Health Insurance Portability and Accountability Act of 1996 may apply if it is determined that the requester, or any individual employed or affiliated therewith, knowingly and willfully obtained the file(s) under false pretenses. Further, the requester acknowledges that criminal penalties may be imposed under 18 U.S.C. § 641, which provides that if it is determined that the requester, or any individual employed or affiliated therewith, has taken or converted to his own use data file(s), or received the file(s) knowing that they were stolen or converted, they shall be fined under Title 18, imprisoned not more than 10 years, or both. In addition, the requester and any individual employed or affiliated therewith may be subject to civil suit under the Privacy Act for damages which occur as a result of willful or intentional actions which violate an individual's rights under the Privacy Act or Health Insurance Portability and Accountability Act of 1996.

To obtain form contact the POC at 1-866-275-4732

Prescription Restriction Program

MTF Rx Restriction Program

- MTF communicates to the TMA POC which restriction to lock the patient into by sending request form via fax (210) 295-2567 or encrypted email to POC staff.
- Requires handwritten or digital signature of the Sole Provider, and/or Registered Nurse, and/or the MTF Pharmacist



Community-Based Pharmacy Restriction Program

- AD Members assigned to CBWTU
- Community-based Pharmacy Restriction Form – lock to specific retail network pharmacy and / or specific network provider

For Rx Restriction Removal or Override form contact the TMA POC at 1-866-275-4732 option 8.

- Coordination between MTF Site and TMA POC is needed when SM is on leave or transfers for care.

TRICARE Pharmacy 1-1-1 Program

From TRICARE website

- This program is to identify TRICARE beneficiaries who exhibit possible unsafe behavior with regard to controlled medication.

- ESI will identify “candidates” for the program by monitoring past usage patterns.
  # of controlled meds used
  # of physicians prescribing controlled medications
  # of pharmacies filling the prescriptions

  - ESI will communicate with the TRICARE managed care support contractors to approve 1-1-1 recommendation. If approved, ESI will send a letter to identified TRICARE beneficiaries informing them that they have been placed into the 1-1-1 program.

  - Beneficiaries placed into the program choose one provider, one pharmacy and one hospital to receive medical and prescription services for their controlled medication.

  - If beneficiary fails to respond to the ESI letter, they will be responsible for 100% of pharmacy costs for all controlled medications.

  - ESI sends information to the TMA POC to set pharmacy restrictions in PDTS.

Active Duty Member & Dependents – Direct Care

- On a quarterly basis, Express Scripts Inc. (ESI) communicates to the TMA POC any Active Duty Member or spouse or dependant that receives direct care at an MTF, who may exhibit potential unsafe behavior with regard to controlled prescribed medications based on ESI criteria.
  - ESI will identify “candidates” by monitoring their past usage patterns. Determining factors could include:
    - The number of controlled medications used
    - The number of physicians prescribing controlled medications
    - The number of pharmacies filling the prescriptions

- The TMA POC forwards this information to the MTF site that the patient is affiliated/enrolled with for review for possible restriction.

PDTS: LOCK-IN EDIT

What is the Lock-in edit?

- The MTF Lock-in edit is an overridable PDTS warning that is triggered by patient restrictions established through the Prescription Restriction Programs

How Will the Lock-in Edit Work?

- For patients with restrictions established through Prescription Restriction Programs:
  - MTF:
    - PDTS will return a warning message to AHLTA and CHCS if an unauthorized provider and/or pharmacy attempts to prescribe/dispense a medication
    - Lock-in warnings at MTFs can be overridden by the provider and pharmacy
  - Retail and Mail Order pharmacies:
    - PDTS will continue to return rejections to the pharmacy and the prescription will not process
    - Lock-in rejections at retail and mail order pharmacies can not be

MTF Lock-in Edit: Scenario and messaging

- **Patient RESTRICTED to Prescriber A for controlled medications**
- **Conflict: LOCKED-IN**
  Ordered Drug: Percocet (oxycodone/acetaminophe…)
  Comments:
  Additional Information:
  PRESCRIBER/DRUG NOT AUTHORIZED FOR THIS BENEFICIARY. PHARMACY ONLY, FOR QUESTIONS CALL 1-866-275-4732 OR DSN (312) 471-8274 OPTION 8.[PRESS RETURN TO CONTINUE]

- **The TMA POC toll free and DSN numbers are listed in the warning if detailed information on the restriction is required (e.g. the approved provider, pharmacy, etc).**
- **AHLTA: Providers are presented with clinical reasons for not overriding the warning**

VARIATIONS IN THE WARNING MESSAGE

Restriction (Locked into)	Message
Pharmacy (RESTRICTED to TMC #9 Pharmacy and attempts filling RX at Main Pharmacy)	**PHARMACY NOT AUTHORIZED FOR THIS BENEFICIARY.** PHARMACY ONLY! FOR QUESTIONS, CALL 1-866-275-4732 OR DSN (312) 471-8274 OPTION 8.
Prescriber (RESTRICTED to Dr. X and Dr. Y prescribes a medication)	**PRESCRIBER NOT AUTHORIZED FOR THIS BENEFICIARY……**
Prescriber for certain drugs (RESTRICTED to Dr. X for controls and Dr. Y prescribes Percocet)	**PRESCRIBER/DRUG NOT AUTHORIZED FOR THIS BENEFICIARY……**
PRESCRIBER and PHARMACY (RESTRICTED to Dr. X and Main Pharmacy)	**Receive two messages:** **PHARMACY NOT AUTHORIZED…** **PRESCRIBER NOT AUTHORIZED…**

Reports: Availability and Descriptions

- Site Reports – members with active restrictions – *Sent monthly**
- Violation Reports – restricted members from your site that are in violation of their restriction – *Sent weekly**
- 70 and M2 Rejections Reports – restricted members from your site that attempted to violate their restriction at mail order and/or retail pharmacies – *Sent monthly**
- DUR Warning Reports – RXs that are the result of your MTF overriding the MTF Lock-in PDTS warning - *Sent monthly**
- 1-1-1 Restriction Reports – restricted 1-1-1 members in your region – *Sent monthly**

*** All reports are available per site request and generated by individual site only**

Example Site report (Type I):

(Restricted to a specific pharmacy or list of pharmacies and/or provider or list of providers for all medications)

Current Type 1 Rx Restriction By Site

Personal Data - Privacy Act of 1974 (PL 93-579)

FT SAM HOUSTON

Patient: SMITH, JAMES X DOB: 08/23/1973 Is memeber assigned WTU: False

Sponsor's SSN: 999999999 DEERS ID: 00000000000 Service Branch: ARMY

Request Type: WTU PHARMACY PRESCRIBER Relationship: SPONSOR

Effective Date: 10/04/2011 Removal Date: Reinstatement Date:

Requesting Provider:

CHILD, LINCOLN | (210) 111-1111 | lincoln.child@fiction.zzz

Requesting Nurse Case Manager:

BONAMASSA, JOE | (210) 222-2222 | joe.bonamassa@blues.xxx

Requesting Pharmacist:

HAYWARD, LAURA | (210) 666-6666 | laura.hayward@reliquary.yyy

Providers/Sites Restricted To

Provider Name	Provider DEA	Provider NPI	Pharmacy Site
PROVIDER A	PA1234567	1234567890	FT. SAM HOUSTON
PROVIDER B	PB9876543	2345678901	

1 Current restrictions for the site

1 Total current type 1 restrictions

xample Violation report (Type I):

estricted to a specific pharmacy or list of pharmacies and/or provider or list of providers for all medications

Type 1 Rx Restriction Violations

Type I - Restricted to a specific pharmacy or list of pharmacies and/or provider or list of providers.

Personal Data - Privacy Act of 1974 (PL 93-579)

FT SAM HOUSTON

DEERS ID: 00000000000 Last Name: SMITH

Sponsor's SSN: 999999999 First Name: JAMES

Restricting Site: FT SAM HOUSTON Relationship: SPONSOR

PDTS Rx #: 255855 DEA Class: 3 Date Dispensed: 10/04/2011 New or Refill: N Qty: 12.00

Drug/Strength/Form:

NCPDP#: 2222222 Pharm. NPI: 3456789120 Site MTF: FT HOOD

Provider NPI: 839482335 Provider ID: 839482335 Provider: JIM JONES

Providers/Sites Restricted To

Provider Name	Provider DEA	Provider NPI	Pharmacy Site
PROVIDER A	PA1234567	1234567890	FT. SAM HOUSTON
PROVIDER B	PB9876543	2345678901	

1 Type 1 Rx Restriction Violation

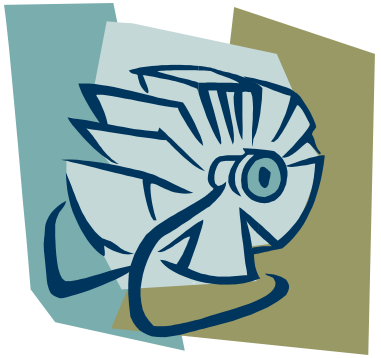
1 Type 1 Rx Restriction Violation

How do I learn more about the MTF Lock-in or MTF Prescription Restriction Program?

- **Additional information on both topics is availa**
  http://pec.ha.osd.mil/Pharmacy_restriction.ph

OR

- **Contact the TMA POC at:**
- **1-866-275-4732 or**
- **DSN (312) 471-8274 OPTION 8 or**
- **Encrypted email to POC staff**



Questions